

# Walsall Junior Youth Football League



President: Roy Whalley Chairman: Howard Fullelove Vice Chairman: Brian Clark  
 League Secretary: David Vale 24 Deakin Avenue, Brownhills Walsall WS8 7QA

[www.wjyl.co.uk](http://www.wjyl.co.uk)

**Home Team:**

**Away Team:**

**BOTH HOME and AWAY TEAMS to fill in details and return to Age Group Secretary as per rules**  
**Please circle Home or Away when filling in this form.**

Age	Division Or Cup	League/Cup	Date
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Reg No.	Print name in full	C/D	Goals	Reg No.	Print name in full	C/D	Goals
				1			
				2			
				3			
				4			
				5			
				6			
				7			
				8			
				9			
				10			
				11			

**SUBSTITUTES circle player registration number if used**

				12			
				13			
				14			
				15			
				16			

**REGISTRATION CARDS MUST BE EXCHANGED PRIOR TO THE GAME See Rule 8K**

**Home Managers Signature.....**      **Away Managers Signature.....**

Referees mark must reflect decision making, communication, impartiality, confidence, fitness, positioning, signalling, use of advantage and handling of major incidents.

**Home Team Report**

Our club awards an overall mark of \_\_\_\_ out of 100

**Away Team Report**

Our club awards an overall mark of \_\_\_\_ out of 100

**When the mark is less than 50 please give comments in the relevant box below, along with a letter to Gen Secretary.**

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Manager Name (capitals) \_\_\_\_\_ Manager Name(capitals) \_\_\_\_\_

FINAL SCORE	HOME TEAM -----	AWAY TEAM -----
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Referee Name: (Block Capitals)
Referee Signature:
Registration Number: _____ Date: _____

**THIS FORM MUST BE RETURNED TO AGE GROUP SECRETARY (SEE HANDBOOK) BY THE TUESDAY MORNING AFTER THE MATCH**

**POSTPONED/ABANDONED/INCIDENT REPORT FORMS MUST BE SENT TO THE LEAGUE SECRETARY.**  
**PLEASE SEE OVER THE PAGE**

REFEREE TO INDICATE CAUTION/DISMISSAL AGAINST APPROPRIATE PLAYER IN COLUMN C/D